



EV401277175US

Addresssee Copy
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second		Flat Rate Envelope <input type="checkbox"/>
Date In	Postage		
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	
Time In	Military	Return Receipt Fee	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee
lbs. ozs.			
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials	Total Postage & Fees	
METHOD OF PAYMENT:		\$	

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional mail insurance is void if waiver of signature is requested. I wish delivery to be made by obtaining signature of addressee or addressee's agent (if delivery employee judges mail can be delivered in secure location) and I authorize that delivery employee's signature is valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature _____

Federal Agency Acct. No. or Postal Service Acct. No. _____

FROM: (PLEASE PRINT) PHONE (617) 443-9292

Jeffrey T. Klayman, Esq.

2550/117 4/20/04

TO: (PLEASE PRINT)

PHONE ()

MAIL STOP 3136
COMMUNICATIONS
FEDERAL BUREAU OF INVESTIGATION
ALEXANDRIA, VA

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